

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Notification of Hazardous Waste Activity

Comments

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

☒ 1a. Generator **2** ☐ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer **C309 = X**

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ c. **Burner**

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

☐ C. Industrial Furnace☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☐ B. Subsequent Notification (complete item C)

ID or Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature	Name and Official Title (type or print)	Date Signed

39891

S WATER COMMISSION FY '90 COMPLIANCE MONITORING AND ENFORCEMENT LOG (CMEL)

Assign TWC#

IXE 98-281-3545 1+2 DISTRICT 07... NONE, was EPA Form 8700-12 provided? ☐ Y ☐ NINSPECTOR SAM

TWC PERMIT # _____

Handler Name OLIVSite Address 7621 Wallisville Rd, Houston City 77020 ZipCENTRAL OFFICE USE: Sequence: 1000 Action: ATYPE OF EVALUATION: LDACTUAL DATE OF INSPECTION: 8/17/90Sequence: 1000Action: A

01 = CEI

05 = CSE (Follow Up)

12 = O & M Inspection

02 = Sampling

09 = Closure

81 = State Fee Bill

03 = Record Review

10 = Other Inspection

04 = CME

11 = Case Development

Evaluation Comment: OLIV TWC Settlement Agreement RemedialActivity Monitoring

AREA OF VIOLATION

CLASS	A	GW	CP	FR	PB	CS	MA	OT	LB
1	<u>A</u>					<u>X</u>		<u>O</u>	
2	<u>A</u>					<u>X</u>		<u>O</u>	
3	<u>A</u>					<u>X</u>		<u>X</u>	

Enter in appropriate box

'X' if new violation

'O' if no violation

'S' if same violation

Sample results received

* August 18, 23, 23, 24, 26, 1988March 19, 1989April 20, 1989May 10, 16, 23, 1989June 9, 198905/22/90ENFORCEMENT ACTIONS: Enter Class, Area, Type & Applicable Dates See 02 CMEL ☒ Referral for Central Office Action ☐ Action Taken by District Office

COMPLIANCE						>>>>>> RULES <<<<<<					
CLASS	AREA	SEQ	A	TYPE	DATE	SCHED. DATE	ACTUAL DATE	N/S/R	ESC	31 TAC CHAPTER 335 RULE/ 40 CFR RULE	COMMENTS
<u>3</u>	<u>OT</u>	<u>100A</u>	<u>10</u>	<u>05/31/90</u>				<u>N</u>	<u>18</u>	<u>335.4/26.121</u>	

CLASS: 1, 2, 3

AREA: GW, CP, FR, PB, CS, MA, OT, LB

N/S/R: N = New; S = Same; R = Resolved

RULE CITATION: I.e., 335.62/262.11

COMMENT: I.e., HW Determination

TYPE CODES: 03 = Nov; 04 = TWC Petition; 05 = TWC Order; 10 = Informal Action; 11 = AG Petition; 14 = Referral to EPA; 18 = Referral to AG; 19 = AG Judgement; 81 = Bankruptcy; 86 = State Order (Class 3)

☐ Over for additional violations

ESC Review: _____

WORK # 532D

